

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rely on Your Beliefs Fund

Mailing Address Attn: Keri Ann Hayes
209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19989819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Republican Main Street Partnership PAC

Mailing Address 325 7th Street, NW
Suite 610

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20185908

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

Candidate Name
Rep. Peter Roskam

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 6

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20205416

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)